								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001										U9/980263					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI			OR	OTHER SMALL			
TOTAL CLAIMS								RAT	E	FEE	1	RATE	FEE		
FOR			NUMBER FILED NUMI			ER EXTRA		BASIC FEE 4/4 C		445	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS							X\$ 9		=	11	ОЯ	X \$ 18=			
INDEPENDENT CLAIMS			minus 3 =					X42=			OR	X84≈			
MULT	IPLE DEPEN	DENT CLAIM P	RESENT							-		222			
* 15 15	a difference	in column 1 is	loce than 74	ro ente	r "0" in c	olumo 2	'	+140		1111	OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	AL	44.5	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMA	LL (ENTITY	OR	OTHER SMALL I			
A TN		CLAIMS REMAINING AFTER AMENDMENT		HIĞI- NUM PREVK PAID	ÆST BER OUSLY	PRESENT EXTRA		PATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	otal	. /5	Minus	2	2/1	=		X\$ 9	H		OR	X\$18=			
in E	ndependent	• /	Minus	*** _	ラー	=		X42:	_		OR	X84=			
₹ FI	FIRST PRESENTATION OF MULTIPLE DEPENDE											500	· · · · · ·		
								+140			OR	+280≃			
								ADDIT. F			OR	ADDIT, FEE			
_		(Column 1) CLAIMS		(Colu		(Column 3)	ìr			ADDI-			ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
To	otal	*	Minus	##		*		X\$ 9:	-		OR	X\$18=			
in in	dependent	*	Minus	444		*		X42=			OR	X84=			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 40	7			+280=			
							1	+140			OR	10TAL			
) A									EE		OR	ADDIT. FEE			
		(Column 1) CLAIMS		(Colur		(Column 3)	۱.		_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
To	otal	÷	Minus	**		=] [X\$ 9=			OR	X\$18=			
in Re	dependent	*	Minus	***		2]	X42≃	_		ΛÞ	X84=	,		
⋖ FI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\dashv		OR				
+140=											OR	+280=			
If the entry in column 1 is less than the entry in column 2, write 10 in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT, FEE			
The	rie "Highest Num e "Highest Num	mber Previously Pai ther Previously Pai	d For (Total o	Independ	ent) is the	highest number	er fou	nd in the	app	ropriate box	in col	luma 1.			

FORM PTO-875 (Rev. 8/01)